waste management method that is available to me and that I can afford.

Printed/Typed Name ,	Signature / / / / / / / / / / / / / / / / / / /	Month Day Year
JOHN MARASCA	Loty-Oracusc	02/14/9/
17 Transporter 1 Acknowledgement of Receipt of Materials	A a a l	
Printed/Typed Name	Signature / /	Month Day Year
Throng BALSSIE	HAMMER BUSSIE	012/14/91/
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year
19. Discrepancy Indication Space		

Facility Owner or Operator	ertification of receipt of hazardous materials covered by this manifest except as noted in	Item 19.
Printed/Typed Name	Signature	

Month	Day		Yea
	1	-	-

DO NOT WRITE BELOW THIS LINE.

P.O. Box 400, Sacramento, CA 95812-0400